

FORM B1 United States Bankruptcy Court Northern District of Illinois - Western Division		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Bono, Joseph L.	Name of Joint Debtor (Spouse) (Last, First, Middle): Bono, Barbara A.	
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): None	All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names): None	
Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all): 4999	Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all): 5231	
Street Address of Debtor (No. & Street, City, State & Zip Code): 2406 Marquardt McHenry, IL 60050	Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 2406 Marquardt McHenry, IL 60050	
County of Residence or of the Principal Place of Business: Mchenry	County of Residence or of the Principal Place of Business: Mchenry	
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):	
Location of Principal Assets of Business Debtor (if different from street address above):		Attorney: Bradley T. Koch, Holmstrom & Kennedy, P.C. 800 North Church Street P.O. Box 589 Rockford, IL 61105-0589 ph: 815-962-7071

Information Regarding the Debtor (Check the Applicable Boxes)

Venue (Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Type of Debtor (Check all boxes that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Individual(s) | <input type="checkbox"/> Railroad |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Stockbroker |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Commodity Broker |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Clearing Bank |

**Chapter or Section of Bankruptcy Code Under Which
the Petition is Filed** (Check one box)

- | | | |
|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Chapter 7 | <input checked="" type="checkbox"/> Chapter 11 | <input type="checkbox"/> Chapter 13 |
| <input type="checkbox"/> Chapter 9 | <input type="checkbox"/> Chapter 12 | |
| <input type="checkbox"/> | | |

Nature of Debts (Check one box)

- ☐ Consumer/Non-Business ☒ Business

Chapter 11 Small Business (Check all boxes that apply)

- ☐ Debtor is a small business as defined in 11 U.S.C. § 101
- ☐ Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)

Filing Fee (Check one box)

- ☒ Full Filing Fee attached
- ☐ Filing Fee to be paid in installments (Applicable to individuals only)
Must attach signed application for the court's consideration
certifying that the debtor is unable to pay fee except in installments.
Rule 1006(b). See Official Form No. 3.

Statistical/Administrative Information (Estimates only)

- ☒ Debtor estimates that funds will be available for distribution to unsecured creditors.
- ☐ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

THIS SPACE IS FOR COURT USE ONLY

Estimated Number of Creditors	1-15	16-49	50-99	100-199	200-999	1000-over
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Assets	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Debts	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Voluntary Petition (This page must be completed and filed in every case)		Document Page 2 of 7 Name of Debtor(s): Joseph L Bono & Barbara A Bono	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet) Location Where Filed: NONE		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: NONE		Case Number:	Date Filed:
District:	Relationship:	Judge:	
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u>/s/ Joseph L Bono</u> Signature of Debtor X <u>/s/ Barbara A Bono</u> Signature of Joint Debtor _____ Telephone Number (If not represented by attorney) <u>09-08-05</u> Date		Signatures Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition. Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. X _____ Signature of Attorney for Debtor(s) Date Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. _____ Printed Name of Bankruptcy Petition Preparer _____ Social Security Number (Required by 11 U.S.C. § 110(c).) _____ Address _____ Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. X _____ Signature of Bankruptcy Petition Preparer _____ Date A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.	
Signature of Attorney X <u>/s/ Bradley T. Koch</u> Signature of Attorney for Debtor(s) <u>BRADLEY T. KOCH</u> Printed Name of Attorney for Debtor(s) <u>Holmstrom & Kennedy, P.C.</u> Firm Name <u>800 North Church Street</u> Address <u>P.O. Box 589 Rockford, IL 61105-0589</u> <u>815-962-7071</u> Telephone Number <u>09-08-05</u> Date			
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date			

Form 4. LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois - Western Division**In re Bono, Joseph L. & Bono, Barbara A.,
Debtor

Case No. _____

Chapter 11**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. §101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims.

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
--	---	---	--	---

Capital One
P.O. Box 790217
St. Louis, MO 63179Credit Card
Debt

1,341.44

Citi Card
P.O. Box 688907
Des Moines, IA
50368-8907Credit Card
Debt

1,659.82

Best Buy
P.O. Box 17298
Wilmington, DE
19850-5521Credit Card
Debt

3,020.39

CitiBank
AAdvantage
Buisness Card
P.O. Box 8309
The Lakes, NV
88901-6309Credit Card
Debt

3,572.99

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
Best Buy P.O. Box 17298 Wilmington, DE 19850-5521		Credit Card Debt		4,193.40
US Bank P.O. Box 790408 St. Louis, MO 63179-0408		Credit Card Debt		4,510.66
Chase BankOne P.O. Box 15298 Willmington, DE 19850-5298		Credit Card Debt		4,586.65
GM Card P. O. Box 80082 Salinas, CA 83912		Credit Card Debt		6,055.89
Chase BankOne P.O. Box 15298 Willmington, DE 19850-5298		Credit Card Debt		7,144.26
Advanta Bank Corp. P.O. Box 30715 Salt Lake City, UT 84130-0715		Credit Card Debt		8,985.23
American Express P.O. Box 360002 Ft. Lauderdale, FL 33336-0002		Credit Card Debt		9,022.60
Bank of America P.O. Box 650260 Dallas, TX 75265-0260		Credit Card Debt		9,629.76

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>

Chase BankOne P.O. Box 15298 Willmington, DE 19850-5298	Credit Card Debt	17,622.03
--	---------------------	-----------

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing list of twenty largest unsecured creditors and that it is true and correct to the best of my knowledge, information and belief.

Date	09-08-05	Signature	/s/ Joseph L Bono JOSEPH L BONO
Date	09-08-05	Signature of Joint Debtor	/s/ Barbara A Bono BARBARA A BONO

Advanta Bank Corp.

P.O. Box 70715
Salt Lake City, UT 84130-0715

American Express
P.O. Box 360002
Ft. Lauderdale, FL 33336-0002

Bank of America
P.O. Box 650260 Dallas
TX 75265-0260

Best Buy
P.O. Box 17298
Wilmington, DE 19850-5521

Best Buy
P.O. Box 17298
Wilmingtonm, DE 19850-5521

Capital One
P.O. Box 790217
St. Louis, MO 63179

Chase BankOne
P.O. Box 15298
Willmington, DE 19850-5298

Chase BankOne
P.O. Box 15298
Willmington, DE 19850-5298

Chase BankOne
P.O. Box 15298
Willmington, DE 19850-5298

Citi Card
P.O. Box 688907
Des Moines, IA 50368-8907

CitiBank AAdvantage Buisness Card
P.O. Box 8309
The Lakes, NV 88901-6309

GM Card
P. O. Box 80082
Salinas, CA 83912

Option One Mortgage
P.O. Box 44042
Jacksonville, FL 32231-4042

Small Business Administration
500 West Madison Street, Suite 1250
Chicago, IL 60661-2511

The First National Bank of McHenry
3814 W. Elm Street
McHenry, IL 60050

US Bank
P.O. Box 790408
St. Louis, MO 63179-0408

FORM 21. STATEMENT OF SOCIAL SECURITY NUMBER

United States Bankruptcy Court
Northern District of Illinois - Western Division

Bono, Joseph L. & Bono, Barbara A. ,

In re [Set forth all names including married
maiden and trade names used by debtor within
last six years.]

Debtor

Case No. _____

Address 2406 Marquardt

McHenry, IL 60050

Chapter 11

Employers Tax Identification (EIN) No(s).[if any]: _____

Last four digits of Social Security No(s).: 4999 5231

STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of Debtor (enter Last, First, Middle): Bono, Joseph L.

(Check the appropriate box and, if applicable, provide the required information.)

☒ Debtor has a Social Security Number and it is: 328-54-4999

If more than one, state all.

☐ Debtor does not have a Social Security Number.

1. Name of Joint Debtor (enter Last, First, Middle): Bono, Barbara A.

(Check the appropriate box and, if applicable, provide the required information.)

☒ Joint Debtor has a Social Security Number and it is: 342-56-5231

☐ Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

X /s/ Joseph L Bono 09-08-05
Signature of Debtor Date

X /s/ Barbara A Bono 09-08-05
Signature of Joint Debtor Date

**Joint debtors must provide information for both spouses.*

Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.